1745

PTO/SB/21(08/00)
Approved for use through 19/30/2000. OMB 0651-0031
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<u> </u>	reduction Act of 1995, no perso					
TRANSMITTAL FORM		Applicati n Numb	r 09/	494,211		
		Filing Date	Jan	uary 25, 2000		
(to be used for all correspondence after initial filing)			First Named Inven	t r II-I	KI WOODECEIVE	
OCT 0 1 2001			Group Art Unit	174	1	
			Examiner Name	Do	ve, T. OCT 0 3 2001	
Tetal Number	Pages in This Submission	14	Attorney Docket Numb	er 33	64P035 TC 1700	
	_	ENCLOS	SURES (check all	that ap	ply)	
Fee Transr	mittal Form	Assignm (for an A	nent Papers		After Allowance Communication to Group	
Fee A	Attached	Drawing	(s)		Appeal Communication to Board of Appeals and Interferences	
Amendmer	nt / Response	Licensin	g-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	Final avits/declaration(s)	Petition			Proprietary Information	
	of Time Request		Petition to Convert a Provisional Application			
Power of			f Attorney, Revocation of Correspondence Addr	ess 🛭	Other Enclosure(s) (please identify below):	
Information Disclosure Statement Terminal			Disclaimer		2 Certified Copies of Korean	
Certified Copy of Priority Document(s) Requ		Request	t for Refund Patent Applications Return Postcard			
Response to Missing Parts/ CD, Num		nber of CD(s)				
Response to Missing Parts under 37 CFR 1.52 or 1.53			J			
	1		ANT, ATTORNEY, O	R AGEN	IT	
Firm <i>or</i>	William Thom		,			
Individual name	BLAKELY, SO	OKOLOFF, TA	YLOR & ZAFMAN	<u> </u>		
Signature	Willer	llet				
Date September 13, 2001						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: September 13, 2001						
Typed or printed na	ame Nadya Gord	on				
Signature	Vady	1 Gent	4	Date	09/13/01	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (09-00)

HIT TO A MORALTT A L	Complete If Known
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	Approved for use through 10/31/2002. OMB 0651-0032

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Peter lies are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)
(\$)

Complete if Known							
Application Number	09/494,211						
Filing Date	01/25/00						
First Named Inventor	Il-Ki Woo, et al.	05 N					
Examiner Name	Dove, T.	DE CET					
Group Art Unit	1745	HL					
Attorney Docket Number	3364P035	. ^ 3 '					

A AND							
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEE TC 1						
indicated tees and credit any over payments to.	Large	Entity	Small	Entity	•		
Deposit	Fee	Fee	Fee	Fee	Fee Description	Fee Paid	
Account Number 02-2666	Code	(\$)	Code	(\$)			
	105	130	205	65	Surcharge - late filing fee or oath		
Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		
Charge Any Additional Fee Required	139	130	139	130	Non-English specification		
— Under 3/CFR 1.16 and 1.17	147	2,520	147	2,520	For filing a request for ex parte reexamination		
Applicant claims small entity status. See 37 CFR 1.27	112	920	112	920	Requesting publication of SIR prior to		
2. Payment Enclosed:					Examiner action		
Check Order Other	113	1,840	113	1,840	Requesting publication of SIR after Examiner action		
	115	110	215	55	Extension for response within first month		
FEE CALCULATION	116	390	216	195	Extension for response within second month		
1. FILING FEE	117	890	217	445	Extension for response within third month		
Large Entity Small Entity	118	1,390	218	695	Extension for response within fourth month		
Fee Fee Fee Fee Description Fee Paid	128	1,890	228	945	Extension for response within fifth month		
Code (\$) Code (\$)	119	310	219		Notice of Appeal		
101 710 201 355 Utility filing fee	120	310	220	155	Filing a brief in support of an appeal		
106 320 206 160 Design filing fee	121	270	221	135	Request for oral hearing		
107 490 207 245 Plant filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding		
108 710 208 355 Reissue filing fee	140	110	240	55	Petition to revive - unavoidably		
114 150 214 75 Provisional filing fee	141	1,240	241	620	Petition to revive - unintentionally		
	142	1,240	242	620	Utility issue fee (or reissue)		
SUBTOTAL (1) (\$)	143	440	243	220	Design issue fee		
2. CLAIMS Fee from	144	600	244	300	Plant issue fee		
2. CLAIMS Fee from Extra below Fee Paid	122	130	122	130	Petitions to the Commissioner		
Total Claims 3 - = X =	123	50	123	50	Petitions related to provisional applications		
Independent 2 - = X = =	126	180	126	180	Submission of Information Disclosure Stmt		
Multiple Dependent Claims Large Entity Small Entity	581	40	581	40	Recording each patent assignment per property (times number of properties)		
Fee Fee Fee Fee Description Code (\$) Code (\$)	146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))		
103 18 203 9 Claims in excess of 20	149	710	249	355	For each additional invention to be		
102 80 202 40 Independent claims in excess of 3					examined (37 CFR 1.129(b))		
104 270 204 135 Multiple Dependent claim	179	710			Request for Continued Examination (RCE)		
109 80 209 40 Reissue independent claims	169	900	169	900	Request for expedited examination	[]	
over original patent	۵				of a design application	<u> </u>	
110 18 210 9 Reissue claims in excess of 20	Other	fee (s	pecify	"			
and over original patent							
SUBTOTAL (2) (\$)					SUBTOTAL (3) (\$)		
"or number previously paid, if greater, For Reissues, see above	* Reduce	d by Basi	c Filing	Fee Paid	33 (3) (φ)		

SUBMITTED B	Complete (if applicable)			
Typed or Printed Name	William Thomas Babbitt, Reg. No. 39,591		Reg. Number	
Signature	Millian Baffett Date	9/13/2001	Deposit Account User ID	02-2666

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